PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective September 30, 2007

10/588305

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
|--|--|---|--|--------------------------------|--|--------------------------------|---|------------------------|-----------------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BAS | IC FEE | | SMALL ENT. = \$ 155 | | LARGE ENT. ≈ \$ 310 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT Arti | | All other situations = \$ 105 / \$ 210 | | EXAM. FEE | | | EXAM. FEE | 210 |
| SEA | RCH FEE | | U.S. is ISA = \$50 / \$100 ALL other countries = \$205 / \$410 | | | ther situations = 255 / \$ 510 | SEARCH FEE | | | SEARCH FEE | 40 |
| FEE | FOR EXTRA S | PEC PGS. | minus 100 = | | / 50 = | | X \$ 130 = | | | X \$ 260 = | |
| тот | AL CHARGEAE | BLE CLAIMS | // minus 20 = | | * | | X \$ 25 = | | .OR | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | mir | nus 3 = | * | | X \$ 105 = | | OR | X \$ 210 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PRI | ESENT | | | | +\$ 185 = | | OR | + \$ 370 = | |
| * If the difference in column 1 is less than zero, enter "0" in column | | | | | | lumn 2 | TOTAL | | OR | TOTAL | 700 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | · | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 105 = | | OR | X \$ 210 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 185 = | | OR | + \$ 370 = | |
| | | | | TOTAL ADDIT. FEE | | OŖ | TOTAL ADDIT. FEE | | | | |
| | | (Column 1) | | (Column 3) | | | | | | | |
| MENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER OUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDA | Independent | * | Minus | *** | | = | X \$ 105 = | | OR | X \$ 210 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEPE | NDENT (| CLAIM | | + \$ 185 = | | OR | + \$ 370 = | |
| TOTAL ADDIT. FEE | | | | | | | | | OR TOTAL ADDIT. | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |